

Date: July 16, 1992

To: Home Health Agencies

HHA 7

From: Larry Tainter, Director
Bureau of Quality Assurance

Subject: Provision of Home Health Services Outside of the Home

The Bureau of Quality Compliance recently received the following policy clarification from the Region V HCFA office in Chicago. These were answers they received from their Central Office in Baltimore.

1. **Question:** Do the Medicare conditions of participation prohibit the provision of home health services outside of the patient's home?

Answer: No. However, while the Medicare (and thus, Medicaid) conditions of participation for HHAs do not prevent an HHA from providing services outside the home, these services would not necessarily be covered under the Medicare or Medicaid home health benefit.

2. **Question:** In order to meet 42 CFR 484.14(a) and 42 CFR 484.18, must a home health agency (HHA) simply make home health service available, rather than provide services, to patients in their homes?

Answer: Yes, the regulation at 42 CFR 484.14(a) states that services are made available in the patient's place of resident (emphasis added). The regulation at 42 CFR 484.18 states that patients are accepted for treatment on the basis of a reasonable expectation that their needs can be met adequately by the HHA in the patient's place of residence (emphasis added). However this does not preclude the services from being provided in a location other than the place of residence.

3. **Question:** Is the answer to the above dependent on the source of payment? If so, how are private pay patients affected, if at all?

Answer: No, the answer to Question 2 is not dependent on the patient's source of payment.

The Bureau of Quality Compliance received directions from Chicago not to cite a deficiency if home health services are provided outside of the patient's place of residence. Instead, the surveyors are to determine if Medicare or Medicaid was billed for the service and notify the Bureau of Health Care Financing if Medicaid was the payor or the Chicago Region V office if Medicare was the source of payment.

Based on the directive from HCFA, the Bureau of Quality Compliance will not enforce the provision of the following state licensure code which defines a home health agency as providing services in the home, in order to allow an agency to provide services outside of the home.

"HSS 133.02(3) 'Home health agency' means an organization that primarily provides both skilled nursing and other therapeutic services to patients in their homes."

This section will be reevaluated during the revisions of the HSS 133 code.

We would like to stress that while a waiver would permit the service to be provided outside of the home, it does not mean the service is funded by Medicare or Medicaid.

If you have any questions regarding the above, please contact Richard Cooperrider, Supervisor, Community Based Providers, (608) 267-7389.

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cc: -BQC Staff
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 -HCFA, Region V
 -Illinois State Agency
 -Ohio State Agency
 -Michigan State Agency
 -Indiana State Agency
 -Minnesota State Agency
 -WI Coalition for Advocacy
 -Service Employees Intern. Union
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 -WI Medical Recds Assn. Cons. Comm.
 -WI Assoc. of Hmes & Servs/Aging
 -Comm. on Aging, Ext. Care Fac./HH (SMS)
 -WI Assn. of Nursing Homes
 -Non-LTC BQC Memo Subscribers
 -Bur. Long Term Support, DCS
 -WI Homecare Organization
 -Bd. on Aging & Long Term Care